



## OPERATING PROCEDURE

***NASO-GASTRIC TUBES***

Effective Date:  
January 1, 1999

Revised:  
October 1, 2000

Approved By:

Approved By Operational Medical Director:

**I. Indications:**

- A. Patient requiring evacuation of their stomach of either air or ingested substance which is deleterious to their health.
- B. Patient must be unconscious and unresponsive or in cardiac arrest.

**ALS ONLY****II. Procedure:**

1. Ensure the proper NG Tube size for the patient.
  - ✓ 8 French for infant
  - ✓ 10-12 French for small child
  - ✓ 14-16 French for an older child
  - ✓ 18-20 French for adolescent through adult.
  - ✓ OR use the suggested formula: two times the estimated endotracheal tube size.
2. Ensure all necessary equipment is available. (E.g.: 60cc catheter tip syringe, suction unit, and suction connector for the end of the tube.)
3. Measure the approximate length that will be needed to advance the tube into the stomach. Using the tube, measure from the nose to the ear down to the abdomen; mark the tube to indicate where the nostril line should be.
4. Lubricate the NG tube with KY jelly or other water-soluble gel.
5. Place the patient's head in a neutral, slightly flexed position. Insert the tube in the right nostril, as this one is usually larger. The tube should be inserted at right angles to the vertical plane of the face. Advance the tube until either gastric contents are noted coming up the tube or the tube has been advanced the approximate length that was pre-measured

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6. If after advancing the tube the pre-measured length gastric contents are not noted look in the patient's mouth to see if the tube has coiled in the throat. If the tube is not seen coiled in the back of the throat, then attach a 60cc syringe to the NG tube and attempt to aspirate gastric contents. If this is unsuccessful, the ALS provider should auscultate the stomach as a second ALS provider injects the NG tube with 60cc of air.
7. Once placement has been confirmed, attach the tube to a suction unit using the suction connector supplied with the tube. Once adequate suctioning of the stomach has been accomplished, disconnect the suction unit and cap off the tube again using the connector. The tube should be secured to the face and nose with tape.
8. If the tube cannot be placed in the stomach after nasal attempts, then attempt to advance the tube orally, (OG) following the same procedures outlined above. Two attempts can be made.
9. No more than three total attempts made to place the tube shall be made prior to contacting medical control.
10. For patients who are taking anticoagulant or antiplatelet agents, (e.g.: Coumadin, Aspirin, etc.), this procedure should be avoided unless the patient is in cardiac or respiratory arrest and it is necessary to relieve gastric distension which is hampering ventilations.
11. Consideration must be given to the patient's medical history and medication they are taking as this may preclude/complicate placement of the NG tube.

### MEDICAL CONTROL ONLY

12. In cases where a CONSCIOUS patient has taken an overdose of medication, two attempts can be made to place the tube nasally. Follow the same procedure for insertion as described above. When placing an NG tube in a conscious patient, the patient will need to follow instructions and cooperate. As the NG tube is advanced, have the patient swallow. This will greatly lessen the chance of placing the NG tube in the trachea. Have the patient sip water through a straw if possible as the tube is inserted. This will assist placement of the NG tube in the esophagus.